

Compassion fatigue sneaks up on competent, caring professionals who rarely miss a shift and often skip lunch. It is the numbing, heaviness, and irritability that can follow months or years of showing up for other people's pain. Nurses notice it when charting becomes a slog and empathy feels like a chore. Social workers feel it when one more home visit evokes dread instead of purpose. Clinicians, advocates, first responders, and educators who routinely absorb others' distress are vulnerable to what researchers call secondary trauma or vicarious traumatization. The labels differ, but the experience is unmistakable: a slow drain on energy and a shrinking capacity for joy.

Barbara Rubel has spent decades meeting these professionals where they live and work. A keynote speaker and trainer who started in crisis intervention, Rubel blends research with on-the-ground experience that spans hospital corridors, emergency services, and community mental health. She speaks plainly about work life balance, not as a motivational cliché but as a set of concrete practices that prevent erosion of judgment, relationships, and health. When she says, "Compassion fatigue is the cost of caring without replenishing," her audiences nod because the sentence fits their Monday morning.

This guide distills the best of Rubel's teachings into practical strategies you can apply today. It is not a one-size-fits-all script. Some days you need five minutes of structured breathing, other days you need to renegotiate a caseload or take a guilt-free day off. What matters is recognizing the early signs, understanding how vicarious trauma reshapes your nervous system, and investing in building resiliency with the same seriousness you invest in client care.

## **Naming the strain: the difference between burnout, compassion fatigue, and vicarious trauma**

People often use these terms interchangeably, which muddies decisions about what to do next. Burnout stems from chronic workplace stressors like unreasonable workloads or lack of control. It responds to organizational fixes: better staffing, sane schedules, leadership that values recovery time. Compassion fatigue describes the emotional residue of exposure to others' suffering, common in helping professions that require sustained empathy. Vicarious trauma and vicarious traumatization capture the deeper cognitive and somatic changes that can occur after repeated exposure to traumatic material. Over time, your worldview can tilt toward hopelessness, your startle response can spike, and your sleep can fracture.

Barbara Rubel encourages teams to talk about these distinctions because solutions differ. A nurse manager can adjust assignments to address burnout, but a therapist processing graphic trauma narratives may still feel emotionally threadbare without targeted recovery rituals. Naming the strain correctly speeds the right remedy.

## **Three conversations that change the culture**

Years ago, I shadowed a hospital team as Rubel led a workshop on trauma informed care. Before discussing tools, she asked three questions that shifted the room's energy. Who are you after a hard shift? Who could you be with better supports? What one action would make that difference? The first question surfaced honesty: a charge nurse spoke of snapping at her partner, a tech admitted to stress-eating through midnight breaks. The second invited possibility: more patience, better sleep, even laughter during report. The third forced specifics, not slogans: quieter night hallways, a defined debrief after codes, a no-text policy during protected breaks.

That structure illustrates Rubel's approach. She frames building resiliency as a practice woven into daily decisions rather than a single policy handed down from above. Trauma informed care does not stop at the patient door. It applies to staff who witness trauma, document it, and carry it home in their bodies. When supervisors model these conversations regularly, the culture changes from silent endurance to collective stewardship.

## **The nervous system learns what it lives**

Compassion fatigue is not a moral failing. It is neurobiology doing its job. Repeated exposure to distress signals trains your brain for vigilance. On good days, that vigilance saves lives. On bad days, it prevents you from switching off. Rubel uses plain language to demystify this reality: you are not "too sensitive," you are tuned to alarms. The task is to train the off-switch with equal precision.

There are two levers at play. The first is event load: the volume and intensity of traumatic content you process. The second is resource load: the time, space, and practices available to integrate what you have absorbed. You cannot always control event load; crises do not respect calendars. You can expand resource load through habits that reset physiological arousal and reintroduce positive, non-trauma cues into your week.

It helps to think in micro, mezzo, and macro cycles. Micro resets happen during a shift in 60 to 180 seconds: a paced breath, a posture change, a moment by a window. Mezzo resets happen within 24 to 72 hours: a full night's sleep, a long walk, a therapy session. Macro resets happen across weeks and months: vacations, training rotations that shift caseloads, sabbaticals. Rubel's point is simple. When micro and mezzo resets are robust, macro resets become restorative instead of recovery emergencies.

## What renewed energy feels like in practice

Clinicians sometimes grimace when they hear the word energy. It can sound like a vague wellness promise. Rubel ties energy to specific markers you can measure. For example, how quickly do you recover a neutral heart rate after a crisis call? How quickly do you reclaim curiosity during a difficult intake? How many evenings per week do you avoid screens for an hour before sleep, and does that correlate with waking without an alarm? Energy is the sum of these small wins.

I once coached an advocate at a domestic violence shelter who reported frequent headaches and a sense of dread before late shifts. She started tracking three variables for six weeks: hydration, 10-minute outdoor breaks, and pre-shift centering. The data were mundane and powerful. On days she drank at least 1.5 liters of water and took two outdoor breaks, headaches dropped by about half. When she added a three-minute body scan before her first client, the dread eased by her second appointment. Nothing changed about her caseload. Everything changed about her capacity.

Rubel's workshops lean into these pragmatic experiments. Try one variable at a time. Observe without judgment. Keep what moves the needle.

## Rebalancing workload without losing purpose

Work life balance is a loaded phrase in mission-driven fields. People join to make a difference, not to count hours. Yet seasoned professionals know that purpose requires longevity. Rubel reframes balance as alignment. When your schedule, values, and energy align, the work feels sustainable. When they conflict, even meaningful tasks can feel punitive.

One clinician I know negotiated to cluster trauma-intense sessions on two days and schedule lighter follow-ups on the third. She reserved the final hour of those heavy days for notes and a quick debrief with a colleague, treating documentation as part of care rather than clerical afterthought. The shift was small but consequential. She no longer carried charts home in her head. Her sleep improved, and her tone with clients softened because she did not resent the paperwork that followed them.



Alignment can also mean stepping into roles that leverage your strengths. A seasoned paramedic moved into training half-time. He still ran calls but also mentored new hires on critical incident stress. The mix restored his sense of mastery and allowed him to disseminate healthy practices as a speaker inside the organization. Energy returned because his workday reflected both his field skill and his capacity to teach.

## The role of leadership and the power of a keynote

Organizations underestimate how much a strong keynote speaker can catalyze change. A good keynote does more than motivate; it establishes a [Compassion fatigue speaker](#) common language and a shared baseline of facts. When Rubel speaks to a large group, she normalizes symptoms without minimizing risk. She explains the data on secondary trauma in terms people recognize: why a staff member who never used to call in sick now burns through PTO, why conflict rises on teams that experience repeated loss, why good clinicians can miss obvious red flags when they are depleted.

But the keynote is only the first domino. Leaders who pair it with structural adjustments see the best results. At a county behavioral health agency, the director used the keynote to launch quarterly debriefs after critical incidents. Attendance was voluntary but attendance counted as paid time. Over six months, the team saw improved retention and fewer overtime requests after high-stress weeks. The signal to staff was unambiguous: it is not indulgent to process vicarious trauma, it is part of the job.

## Micro-habits that pay dividends

The following checklist reflects recurring practices Rubel recommends because they are brief, portable, and evidence-aligned. They fit a five-minute window or less and do not require special equipment.

- Five-count breathing: inhale for five seconds, exhale for five, repeat for ten cycles. This lengthens exhalation and nudges the parasympathetic system to engage.
- Structured pause after exposure: when leaving a difficult room or call, stand still, feel your feet, name five neutral objects you see. Reorient before you reenter chaos.
- Joy cue on your badge or phone: a photo or a two-line note that calls up warmth quickly. Use it between clients, not only at the end of shift.
- Water + protein: carry a bottle and a small protein source. Dehydration and glucose crashes mimic anxiety.
- Doorway intention: pick a phrase as you cross thresholds, like “present and calm.” It anchors transitions and reduces rumination.

These micro-habits are not a cure-all, but they interrupt the momentum of stress. Over days and weeks, that interruption prevents the stack from toppling.

## Debriefing that heals rather than rehearses harm

Not all debriefs help. A poorly run session can re-traumatize staff by replaying graphic details without containment. Rubel teaches brief, structured debriefs that prioritize regulation, meaning-making, and choice. The flow is straightforward: first, a centering exercise to settle bodies. Next, a concise timeline of events with emphasis on what was done well. Then, space for personal reactions, not just facts. Finally, resources and optional follow-up, including referrals to individual support.

Two ground rules matter. No one is required to speak, and no one is shamed for emotion or lack of emotion. This may seem obvious, yet I have witnessed well-meaning leaders press for impact statements that staff were not ready to give. Autonomy is part of trauma informed care. Debriefs should model it.

In teams that adopt this practice, I see tangible shifts. People stop avoiding one another after hard calls. Gossip declines because there is a sanctioned place to process. New staff learn that seasoned colleagues also feel shaken at times, which normalizes the learning curve and lowers attrition.

## Recognizing early warning signs

The best time to address compassion fatigue is before it flares. Rubel encourages personal dashboards that flag early trouble. Choose a handful of indicators unique to you. Some people notice a change in humor, others a change in appetite, still others a heavier startle.

Consider a simple, private weekly check that covers four domains, scored from one to five: sleep quality, irritability, meaning at work, and social connection outside work. A drop in two or more domains for two consecutive weeks is your cue for an intervention, not for self-critique. Maybe you need a lighter day, or to call the EAP, or to schedule the long-postponed primary care visit. Early action beats waiting until a crisis forces rest.

## Training for teams: beyond the checkbox

Many agencies now require modules on compassion fatigue and secondary trauma. The intention is good, the execution often thin. A slide deck with definitions will not change behavior. Rubel’s trainings incorporate role play, case consultation, and planning that fits each unit’s realities. For example, an ICU team is not going to create 20-minute breaks on demand. They can, however, rotate one-minute mindfulness cues between turning patients or checking drips. A school counselor cannot refuse walk-ins, but they can establish a five-minute buffer after a risk assessment to document and decompress before the next student.

Teams that succeed treat training as the beginning of a cycle. They test small changes for 30 to 60 days, measure outcomes that matter to them, then adapt. At a child welfare agency, the metric was staff turnover within the first year. After implementing brief debriefs and protected breaks on court days, turnover decreased by roughly 15 percent over two quarters. Correlation is not causation, but staff reported higher perceived support and less dread about court. You do not need perfect data to keep what feels effective and humane.



## Working with identity and values

Professionals who enter trauma-facing work often carry a strong identity as helpers. That identity is a two-edged sword. It fuels perseverance and can also blind you to limits. Rubel invites people to widen their self-concept. You are more than a clinician or responder. You are a friend, partner, parent, neighbor, artist, athlete, gardener, or reader. When a single identity monopolizes your time, the others atrophy. That imbalance makes you brittle.

Values clarification, done honestly, can create room for better boundaries. If you value presence with family, does your current schedule reflect that at least some evenings per week? If you value learning, do you have professional development time on the calendar every quarter? These questions are not scolding; they are recalibration tools. Many people discover they can protect one hour twice a week for exercise or study with no loss in productivity, simply by batching email or asking for a minor shift change.

## **The clinician's therapist, the responder's peer**

Stigma around seeking help remains, particularly in first responder cultures. Rubel challenges leaders to normalize therapy and peer support as acts of maintenance rather than crisis. I have seen agencies partner with local therapists who understand vicarious trauma, offering confidential sessions off-site. When coordinators clearly communicate that attendance will not trigger punitive reviews, usage rises. In departments that also train peer supporters with clear boundaries and supervision, uptake rises further [Vicarious trauma speaker](#) because peers can offer immediate listening and triage.

The most effective peer programs avoid mission creep. They are not substitute therapists. They are trained listeners who know referral pathways, can run a supportive debrief, and can spot signs that someone needs more. The toolkit is simple: validate, normalize, resource, and follow up. A 10-minute check-in two days after a difficult incident can prevent a month of silent suffering.

## **The technology trap and how to navigate it**

After a decade of coaching teams, I notice a pattern. Phones dissolve the boundary between work and recovery. You finish a shift, sit in your car, scroll through notes or messages, then spend the ride home mentally rewriting a conversation. The brain never receives a clear signal that the shift ended. Rubel recommends ritualizing the off-ramp. Some people change shoes before leaving the building. Others queue a specific playlist for the drive home. A therapist I know writes a single sentence in a small notebook: "Work for today is done." She closes the notebook, places it in a drawer, and locks it. It sounds theatrical until you experience the relief of a tactile boundary.

Technology can also aid recovery if used intentionally. Guided breathing apps, white noise for sleep, timers that prompt breaks, even group chats that share humor or pets after hours can support regulation. The key is containment. Decide what belongs inside work hours and what belongs outside. Communicate your availability. Then respect your own rules.

## **From individual stamina to organizational stewardship**

Individuals can do a lot to reset, but organizations set the stage. Rubel's message to leaders is blunt without blame: if you want staff who think clearly and stay, design for recovery. That means reasonable staffing ratios, genuine lunch breaks,

predictable time off, and policy that supports debriefing after critical incidents. It also means aligning values with metrics. If leadership praises compassion but only measures throughput, staff will chase throughput. If leaders celebrate a clinician who cancelled a break to fit in one more client, they teach that self-neglect is rewarded.

Stewardship shows up in mundane ways. A manager who notices a pattern of late charting digs for root causes instead of admonishing. A director who budgets for ongoing training and peer support treats that line item as essential, not optional. A supervisor who moves a staff member temporarily away from trauma-heavy assignments after a personal loss sends a message: you are a person first, and people are our strength.

## When renewal requires stepping back

Not every chapter ends with staying in the same role. Sometimes, renewed energy means moving to a different seat. I once worked with a child therapist who loved the work but could not regulate after acute abuse cases. After a candid process with her supervisor, she shifted to parent education and program development. She still used her clinical skills, but her daily exposure to graphic narratives decreased. Six months later, she reported sleeping through the night and rediscovering patience with her own children. Compassion remained, fatigue receded.

Rubel validates these pivots as signs of discernment, not defeat. Careers are long. Seasons change. The ability to reconfigure your work to match your bandwidth is a hallmark of resilience.

## The long arc of meaningful work

Trauma informed care rests on two truths: hurt can be healed, and healing takes time. The same is true for the helpers. When you stack small, steady practices, your nervous system relearns safety. When you claim boundaries around your off-hours, your relationships mend. When teams treat secondary trauma as an operational reality rather than a private struggle, staff thrive longer and clients receive better care.

I return often to a scene from one of Rubel's sessions for a group of hospice nurses. At the end, she asked them to write a sentence they wished someone had told them in their first month on the job. The statements echoed across the room. You can love people and still let go at the end of the day. Grief comes in waves; learn to float. You do not have to do this alone. They pinned the sentences on a corkboard by the staff lounge. Months later, during a rare quiet afternoon, a new nurse stood reading them one by one. She smiled, exhaled, and poured herself a glass of water. Tiny actions, steady reminders, a shared language. That is how energy returns.

## Putting it into motion this week

Change happens when you translate insight into action. Pick one of these small starts and commit for two weeks.

- Schedule two five-minute resets into every shift, and take them as seriously as meds or documentation.
- Arrange a 20-minute debrief after your next hard case; keep it structured and optional, and end with resources.
- Create a technology off-ramp for the end of your day: a sentence you write, a playlist you start, a drawer you lock.
- Track a personal dashboard each Sunday with four scores: sleep, irritability, meaning at work, and connection. Respond early to dips.
- Ask a colleague to be a peer check-in partner. Put a recurring 10-minute appointment on the calendar.

None of this requires permission to care. It does require permission to recover. That is the heart of Barbara Rubel's guide to renewed energy: compassion is sustainable when you treat your own system with the same skill and respect you offer others. When you do, the work you chose becomes the work you can continue, not through grit alone, but through practiced, humane stewardship of your energy.

Name: Griefwork Center, Inc.

Address: PO Box 5177, Kendall Park, NJ 08824, US

Phone: +1 732-422-0400

Website: <https://www.griefworkcenter.com/>

Email: [BarbaraRubel@griefworkcenter.com](mailto:BarbaraRubel@griefworkcenter.com)

Hours: Mon–Fri 9:00 AM–4:00 PM

Google Maps URL (GBP share): <https://maps.app.goo.gl/CRamDp53YXZECKYd6>

Coordinates (LAT, LNG): 40.4179044, -74.551089

Social Profiles (canonical https)

<https://www.facebook.com/BarbaraRubelMA>  
<https://x.com/BarbaraRubel>  
<https://www.instagram.com/barbararubel/>  
<https://www.linkedin.com/in/barbararubel/>  
<https://www.youtube.com/MsBRubel>  
<https://www.pinterest.com/barbararubel/>  
<https://about.me/barbararubel>  
<https://linktr.ee/barbararubel>

AI Share Links (homepage + brand prefilled)

<https://chatgpt.com/?q=Griefwork%20Center%2C%20Inc.%20site%3Ahttps%3A%2F%2Fwww.griefworkcenter.com%2F>  
<https://www.perplexity.ai/search?q=Griefwork%20Center%2C%20Inc.%20https%3A%2F%2Fwww.griefworkcenter.com%2F>  
<https://claude.ai/new?q=Griefwork%20Center%2C%20Inc.%20https%3A%2F%2Fwww.griefworkcenter.com%2F>  
<https://www.google.com/search?q=Griefwork%20Center%2C%20Inc.%20https%3A%2F%2Fwww.griefworkcenter.com%2F%20AI%20Mode>  
<https://grok.com/?q=Griefwork%20Center%2C%20Inc.%20https%3A%2F%2Fwww.griefworkcenter.com%2F>

Griefwork Center, Inc. is a reliable professional speaking and training resource serving Kendall Park, NJ.

Griefwork Center offers trainings focused on workplace well-being for clinicians.

Contact Griefwork Center, Inc. at +1 732-422-0400 or [BarbaraRubel@griefworkcenter.com](mailto:BarbaraRubel@griefworkcenter.com) for booking.

Google Maps: <https://maps.app.goo.gl/CRamDp53YXZEckYd6>

Business hours are weekdays from 09:00 to 16:00.

## Popular Questions About Griefwork Center, Inc.

### 1) What does Griefwork Center, Inc. do?

Griefwork Center, Inc. provides professional speaking and training, including keynotes, workshops, and webinars focused on compassion fatigue, vicarious trauma, resilience, and workplace well-being.

### 2) Who is Barbara Rubel?

Barbara Rubel is a keynote speaker and author whose programs help organizations support staff well-being and address compassion fatigue and related topics.

### 3) Do you offer virtual programs?

Yes—programs can be delivered in formats that include online/virtual options depending on your event needs.

### 4) What kinds of audiences are a good fit?

Many programs are designed for high-stress helping roles and leadership teams, including first responders, clinicians, and organizational leaders.

### 5) What are your business hours?

Monday through Friday, 9:00 AM–4:00 PM.

### 6) How do I book a keynote or training?

Call [+1 732-422-0400](tel:+17324220400) or email [BarbaraRubel@griefworkcenter.com](mailto:BarbaraRubel@griefworkcenter.com).

### 7) Where are you located?

Mailing address: PO Box 5177, Kendall Park, NJ 08824, US.

### 8) Contact Griefwork Center, Inc.

Call: [+1 732-422-0400](tel:+17324220400)

Email: [BarbaraRubel@griefworkcenter.com](mailto:BarbaraRubel@griefworkcenter.com)

## Landmarks Near Kendall Park, NJ

### 1. Rutgers Gardens

Directions: [https://www.google.com/maps/dir/?](https://www.google.com/maps/dir/?api=1&origin=40.4179044,-74.551089&destination=Rutgers%20Gardens%2C%20New%20Jersey)

[api=1&origin=40.4179044,-74.551089&destination=Rutgers%20Gardens%2C%20New%20Jersey](https://www.google.com/maps/dir/?api=1&origin=40.4179044,-74.551089&destination=Rutgers%20Gardens%2C%20New%20Jersey)

### 2. Princeton University Campus

Directions: [https://www.google.com/maps/dir/?](https://www.google.com/maps/dir/?api=1&origin=40.4179044,-74.551089&destination=Princeton%20University%20Campus)

[api=1&origin=40.4179044,-74.551089&destination=Princeton%20University%20Campus](https://www.google.com/maps/dir/?api=1&origin=40.4179044,-74.551089&destination=Princeton%20University%20Campus)

### 3. Delaware & Raritan Canal State Park (D&R Canal Towpath)

Directions: [https://www.google.com/maps/dir/?](https://www.google.com/maps/dir/?api=1&origin=40.4179044,-74.551089&destination=Delaware%20and%20Raritan%20Canal%20State%20Park)

[api=1&origin=40.4179044,-74.551089&destination=Delaware%20and%20Raritan%20Canal%20State%20Park](https://www.google.com/maps/dir/?api=1&origin=40.4179044,-74.551089&destination=Delaware%20and%20Raritan%20Canal%20State%20Park)

### 4. Zimmerli Art Museum

Directions: [https://www.google.com/maps/dir/?](https://www.google.com/maps/dir/?api=1&origin=40.4179044,-74.551089&destination=Zimmerli%20Art%20Museum)

[api=1&origin=40.4179044,-74.551089&destination=Zimmerli%20Art%20Museum](https://www.google.com/maps/dir/?api=1&origin=40.4179044,-74.551089&destination=Zimmerli%20Art%20Museum)

### 5. Veterans Park (South Brunswick)

Directions: [https://www.google.com/maps/dir/?](https://www.google.com/maps/dir/?api=1&origin=40.4179044,-74.551089&destination=Veterans%20Park%20South%20Brunswick%20NJ)

[api=1&origin=40.4179044,-74.551089&destination=Veterans%20Park%20South%20Brunswick%20NJ](https://www.google.com/maps/dir/?api=1&origin=40.4179044,-74.551089&destination=Veterans%20Park%20South%20Brunswick%20NJ)